UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

OFGS FILE NO. IR-2393 (2-3612)

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject which is claimed and for which a patent is sought on the invention entitled:

| SPACE VECTOR PWM MODULATOR FOR PERMANENT MAGNET MOTOR DRIVE |
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| the specification of which is attached | • | - | | | | | |
|--|---|----------------------------------|---------------------------------------|--|-----------------|-------------------------|--|
| was filed on | as United States patent Application Number or PCT International patent | | | | | | |
| application number | and was amended on | | | | (if any). | | |
| I hereby state that I have reviewed amendment referred to above. I acknowledge the duty to disclose §1.56. I hereby claim priority benefits und States provisional application(s) listed | all information known t ler Title 35, United State below and have also id | o be material to pate | entability in accordance | e with Title | 37, Code | of Federal Regulations, | |
| before that of the application on which | n priority is claimed: | | | | | | |
| Prior Foreign or Provisional Applicati | ion(s) APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMI | | | | | DRIODITY CLAIMED | |
| COUNTRY | APPLICATION | CATION NUMBER DATE OF (day, mont | | | | | |
| U.S.A. | 60/418,733 | 15 October 2002 | | | YES <u>X</u> NO | | |
| | | | | | | YESNO | |
| • | | | | | | YES NO | |
| I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. | | | | | | | |
| UNITED STATES APPLICATION NUMBER | DATE OF FILING (day, month, year) | | | STATUS (patented, pending, abandoned) | | | |
| AT LICATION NOMBER | | (tady, monan, year) | | | (7 | | |
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| I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence. | | | | | | | |
| SEND CORRESPONDENCE TO: | | | | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| FULL NAME OF SOLE OR FIRST INVENTO Eddy Ying Yin HO |)R | INVENTOR'S SIGNA | TUR# | | DATE \ | 1/20/03 | |
| RESIDENCE (City and either State or Foreign Country) Torrance, CA 90505 | | | | COUNTRY OF CITIZENSHIP United States | | | |
| POST OFFICE ADDRESS 23939 Ocean Avenue, #2 | 33, Torrance, Ca | A 90505 | · · · · · · · · · · · · · · · · · · · | | | | |
| FULL NAME OF SECOND JOINT INVENTOR (IF ANY) INVENTOR'S SIGNATURE | | | TURE | DATE | | | |
| RESIDENCE (City and either State or Foreign Country) | | | | COUNTRY OF CITIZENSHIP | | | |
| POST OFFICE ADDRESS | | | | | | | |
| ☐ CONTINUED ON PAGE 2 | | | | <u> </u> | | | |